


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000087768		
1. Entity Name HAPB-GOLDEN SQUARE CORP.		

FILED  
09 MAR 17 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 321 WEST ATLANTIC BOULEVARD POMPANO BEACH, FL 33061	Mailing Address 321 WEST ATLANTIC BOULEVARD POMPANO BEACH, FL 33061
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



REINSTATEMENT 08-09  
03/17/09 REINSTATEMENT 08-09 (1/07)

6. Name and Address of Current Registered Agent ADDERLY, RALPH W 321 WEST ATLANTIC BOULEVARD POMPANO BEACH, FL 33061	
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4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: <i>Ralph W Adderly</i> Signature typed or printed name of registered agent and title if applicable	DATE: 3/12/09 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>PRESIDENT</b> JIMMIE GLENN 416 NW 9 AVENUE POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>VICE PRESIDENT</b> GLADYS SUTTON 2731 NE 2 TERRACE POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>D</b> WILLIE R. HEATH 1651 NW 6 Avenue Pompamo Beach, FL 33060 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>D</b> CAROLYN RHONE 780 NW 23 Terrace Pompamo Beach, FL 33069 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>D</b> KEVIN MCDUGAL 632 NW 21 Court Pompamo Beach, FL 33060 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>SEC</b> Ralph W. Adderly 321 West Atlantic Boulevard Pompamo Beach, FL 33060 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>6001459334</b> 03/17/09--01008--008 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<i>3/3/18</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Ralph W Adderly</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 3/12/09 Daytime Phone #